



Georgia Board of Nursing
Professional Licensing Boards Division
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FORM A – REENTRY APPLICATION

Applicant's Name: _____

Sponsoring Agency: _____ Telephone No. () _____

Agency Address: _____

RN Reentry Coordinator: _____ RN License No: _____

Expiration Date: _____

Relevant Study (40 Hours) – must include the Georgia Registered Professional Nurse Practice Act, Georgia Board of Nursing Rules & Regulations, CPR and a variety of at least (4) difference study areas relevant to nursing (See Guidelines for the Reentry Process). Please indicate what will be studied and how: self-study (audiovisuals, computer-assisted, current publications), classroom instruction, or other (explain). Additional sheets for paper may be used.

What/How/No. of Hours	What/How/No. of Hours	What/How/No. of Hours

Relevant Practice (160 Hours) – Under 1:1 Supervision

Please attach calendar/outline of supervised practice.

As RN Reentry Coordinator, I agree that _____ will complete 40 hours of study and 160 hours of practice relevant to nursing under supervision of registered nurse in a 1:1 relationship.

Date

Signature